

Aboveground Storage Tank Change In Status

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka KS 66612-1367 Phone: 785-296-8061
Fax: 785-296-6190

For KDHE Use Only:

| | |
|-------------------------|-----------|
| Tank Numbers: _____ | |
| Change Processed: _____ | |
| Date: _____ | By: _____ |

Please Print Clearly or Type

I. Tank Owner Information

A. Owner Name: _____

B. Owner Address: _____ (street) _____ (city) _____ (state) _____ (zip)

C. Contact Person: _____ Phone: (____) _____ - _____

II. Facility Information

A. Facility Name: _____

B. Facility Address: _____ (street) _____ (city) _____ (state) _____ (zip)

C. Contact Person: _____ Phone: (____) _____ - _____

III. Tank Information

| | | | | |
|--|---------|---------|---------|---------|
| A. KDHE tank number (example: A001, A003 etc) | A00____ | A00____ | A00____ | A00____ |
| B. Age of tank(s) in years | | | | |
| C. Tank capacity (gals) | | | | |
| D. Tank construction | | | | |
| E. Substance stored | | | | |
| F. Temporary Out of Service date (month/day/year) | / / | / / | / / | / / |
| G. Tank is EXEMPT date (month/day/year) (tank is empty and cleaned but remains on site) | / / | / / | / / | / / |
| H. Back in Service date (month/day/year)** (temporary out of service to back in use) | / / | / / | / / | / / |
| I. Permanent Out of Service date (month/day/year) (tank has been removed from site) | / / | / / | / / | / / |

** If the registration fees are not current, please include \$10.00 per tank that is changed to "Back in service" status.

J. How were tanks abandoned? (emptied/cleaned/removed from site/sold for scrap or reuse/rendered unusable, etc):

K. Were tanks abandoned because of a release? Yes ____ No ____

L. Were these tanks registered with KDHE? Yes ____ No ____

M. How many **active (in use)** tank(s) remain at this facility? Aboveground tanks: _____ Underground tanks: _____

N. How many **temporary out of service** tank(s) remain at this facility? Aboveground tanks: _____ Underground tanks: _____

O. How many **exempt** tank(s) remain at this facility? Aboveground tanks: _____ Underground tanks: _____

IV. Change in Status Certification

I certify that the status of the above tanks were changed in accordance with all federal, state, and local regulations.

(Signature) Date: _____

Please direct questions regarding tank abandonment to KDHE, Storage Tank Section, 785-296-8061.